



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Hillside Nursing Home
Name of provider:	Mary Nuala Cormican
Address of centre:	Attidermot, Aughrim, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	10 April 2024
Centre ID:	OSV-0000347
Fieldwork ID:	MON-0038465

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Hillside Nursing Home is a single storey premises located in the village of Aughrim on the outskirts of Ballinasloe, Co Galway. Accommodation is provided in eight single, five double and two treble bedrooms. The centre provides residential, respite and convalescent nursing care to 24 residents from the surrounding catchment area. Hillside Nursing home's objective is to create a home facility that provides high quality care to residents; to meet residents mental, physical and spiritual needs in a safe, secure and comfortable environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 10 April 2024	10:00hrs to 16:30hrs	Fiona Cawley	Lead
Wednesday 10 April 2024	10:00hrs to 16:30hrs	Leanne Crowe	Support

What residents told us and what inspectors observed

Feedback from residents was that this centre was a good place to live, and that staff provided them with the help and support they needed. Inspectors found that residents living in this centre were very well cared for and well supported to live a good quality of life.

This unannounced inspection took place over one day. There were 24 residents in the centre on the day of the inspection and no vacancies.

Following an introductory meeting, inspectors spent time walking through the centre giving an opportunity to meet with residents and staff. Hillside Nursing Home was located in the village of Aughrim on the outskirts of Ballinasloe, County Galway. The designated centre was a single-storey purpose-built facility and provided accommodation for 24 residents. The centre was found to be laid out to meet the needs of residents. Bedroom accommodation comprised of single and multi-occupancy rooms, a number of which had bathroom facilities. Residents' bedrooms provided residents with adequate space to store personal belongings. Many bedrooms were decorated with items of personal significance, including ornaments and pictures. Communal areas available to residents included two sitting rooms, a dining room and a conservatory. These areas were bright and spacious, and were designed and furnished to create a homely and accessible living environment for residents. Residents had unrestricted access to secure outdoor spaces which included lawns, seasonal plants, vegetable patches and garden furniture.

The centre was warm and well ventilated throughout. There were appropriate handrails available and corridors were unobstructed to allow residents with walking aids to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and answered in a timely manner. There were appropriate sluicing facilities in the centre. The centre provided an onsite laundry service for residents' personal clothing which was appropriate for the size of the centre.

While the centre was maintained to a satisfactory standard on the day of the inspection, inspectors observed a small numbers of items of furnishings that were worn and in a state of disrepair.

As the day progressed, inspectors spent time in the various areas of the centre chatting with residents and staff, and observing staff provide care and support to residents. Some residents sat together in the sitting rooms watching TV, listening to music or simply relaxing. A small number of residents were observed resting in their bedrooms, or mobilising freely throughout the centre. Communal areas were appropriately supervised and residents who wished to remain in their bedrooms were supported to do so by staff. Staff who spoke with inspectors were knowledgeable about residents' individual care needs. Inspectors observed that personal care needs were attended to a high standard. While staff were busy

assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. Inspectors observed kind and considerate interactions between staff and residents.

There was a relaxed atmosphere throughout the centre on the day of the inspection. Residents were happy to talk about life in the centre and the inspectors spoke in detail with a total of ten residents throughout the day. Those residents who spoke with the inspectors said that they were satisfied with life in the centre. 'A home from home' and 'top class' were some of the comments made by residents about the centre. One resident told inspectors that it was 'better than home'. Residents said that staff were very good and that they could freely speak with staff if they had any concerns or worries. One resident told inspectors that 'staff couldn't be nicer' and another described staff as 'the finest'. Residents said that staff were very kind and always provided them with everything they needed to live comfortably. One resident said that 'I get all the help to suit my needs', while another resident described the care as 'exceptional'. There were a number of residents who were unable to speak with the inspectors and were therefore not able to give their views of the centre. However, these residents were observed to be content and relaxed in their surroundings.

Inspectors observed visitors attending the centre on the day of the inspection. One visitor told inspectors that the centre was '100%', and that their loved one 'did not want for anything'.

The centre provided residents with access to adequate quantities of food and drink. Residents were offered a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were supported during mealtimes, those residents who required help were provided with assistance in a respectful and dignified manner. Residents were complimentary about the food in the centre.

In summary, the inspectors found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced monitoring inspection, carried out by inspectors of social services, to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated Centres for older people) Regulations 2013 (as amended).

Inspectors reviewed the action taken by the provider to address previously identified areas of non-compliance found on the previous inspection in May 2023.

Inspectors observed that the quality and safety of the service provided to residents living in Hillside Nursing Home were of a good standard. An inspection in May 2023 found that the provider did not have sufficient resources in place to ensure effective leadership and management in the centre. The findings of this inspection were that the provider had taken some action to address this issue, in that, there were now enough registered nurses on the roster to allow the clinical nurse manager to provide management support to the person in charge. However, this inspection found that the oversight of the service was not robust and did not ensure that the service was effectively monitored. Inspectors found repeated non-compliance in the management of records. In addition, written policies and procedures and the submission of notification of incidents was not in line with the requirements of the regulations.

The registered provider of this centre was Mary Nuala Cormican, a sole trader. The registered provider representative was also the person in charge in the centre. Inspectors found that the management arrangements in the centre had improved since the previous inspection. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. The person in charge was well known to residents, staff and visitors. There was a new clinical nurse manager in place to provide support to the person in charge in clinical leadership and management of the centre. The person in charge informed inspectors that the clinical nurse manager had commenced their role within the previous two months. The service was supported by a full complement of staff, including nursing and care staff, housekeeping, activity, catering, administration and maintenance staff. Management support was also provided by the administration manager. There were systems in place to ensure deputising arrangements in the absence of the person in charge.

There were management systems in place to monitor the quality of the service provided. Meetings took place with staff and management in relation to the operation of the service. Minutes of meetings reviewed by inspectors showed that a range of topics were discussed such as clinical issues, medication management, records, training, and other relevant management issues. A range of clinical and environmental audits were carried out which reviewed practices such as medication management, infection control, care planning, and fire safety. Action plans were developed from audit findings and included allocation of responsibility to staff members, and appropriate time frames. An annual review of the quality and safety of the services had been completed for 2023 and included a quality improvement plan for 2024. However, the system of oversight in place to ensure full compliance with Regulation 23 was not robust, resulting in poor records management, failure of the provider to notify the Chief Inspector of notifiable incidents in the centre and a complaints process that was not in line with the regulations.

While the provider had systems in place to ensure records were available, safe and accessible, inspectors found a number of issues regarding the records required by

Schedules 2 of the regulations. For example, four staff files reviewed did not contain all of the required documentation.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care were available to all staff.

The designated centre had sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times supported by a team of healthcare staff. The person in charge provided clinical supervision and support to all staff.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The centre had a risk register in place which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was a policy and procedure in place for responding to complaints, however this was not updated in line with regulatory requirements.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role. They had the overall clinical oversight for the delivery of health and social care to the residents and displayed good knowledge of the residents and their needs.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to, and had completed, all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 23: Governance and management

The management systems reviewed on the day of the inspection did not provide assurances that the service was appropriately monitored. This was evidenced by:

- the policy and procedure in relation to complaints management was not reviewed and updated in line with Regulation 34: Complaints. For example, the policy did not include details of a review process or the arrangements in place to access independent advocacy services to assist in making a complaint.
- the system in place to manage the records set out in Schedule 2 of the regulations did not facilitate effective record-keeping. For example, a number of staff files were incomplete and did not contain all the information required by the regulations, such as, evidence of a staff member's identity, current professional registration details or written references from their most recent employer.
- notifications of quarterly incidents in relation to the use of restraint in the centre were not submitted to the Chief Inspector, in line with regulatory requirements.

Judgment: Substantially compliant

Quality and safety

Residents living in Hillside Nursing Home received a good standard of care and support which ensured that they were safe. Residents were complimentary about the service, and reported feeling content living in the centre. Staff were observed to be respectful and courteous with residents.

Inspectors reviewed a sample of five residents' files. An individualised care plan was developed for each resident within 48 hours of admission to the centre. Individual

care plans were comprehensive, with person-centred information that was updated every four months, or as changes occurred, to reflect residents' changing needs and to provide very clear guidance to staff on the supports required to maximise the residents' quality of life. Daily progress notes demonstrated good monitoring of care needs and the effectiveness of care provided.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed needs.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bed rails, and records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Residents' rights were observed to be upheld. Inspectors found that residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss relevant management issues in the centre. Residents had access to an independent advocacy service.

Residents who were assessed as being at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were documented and known to staff. Appropriate referral pathways were established to ensure residents, identified as at risk of malnutrition, were referred for further assessment by an appropriate health professional.

All areas of the centre were observed to be clean and tidy. Cleaning schedules were in place and equipment was cleaned after each use.

There were fire safety systems in place to mitigate the risk of fire. Fire procedures and evacuation plans were prominently displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire-fighting equipment was available and serviced as required. Staff were knowledgeable about what to do in the event of a fire.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over, their personal possessions. Residents had space and facilities within their bedrooms to store their personal belongings, including lockable storage.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and associated risk register in place that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and health and social care professional services in line with their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect the residents in the centre from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that residents' privacy and dignity was respected. Residents told inspectors that they were well looked after and that they had a choice about how they spent their day. Inspectors observed that residents' privacy and dignity was respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillside Nursing Home OSV-0000347

Inspection ID: MON-0038465

Date of inspection: 10/04/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Policy and procedure in relation to complaints has been comprehensively reviewed and updated in line with Regulation 34. Policy includes details of process to access independent advocacy services to assist in making complaints at Hillside Nursing Home • Record keeping has been reviewed holistically, this includes all staff files, making sure that all files are fully completed, a regular review process as well as immediate update of any changes to staff files will be carried out going forward. • All notifications have now been completed and immediate action will be taken on notifications required going forward. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	23/05/2024